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APPLICATION NO.	APPLICATION NO. FILING DATE FIRST NAMED I			/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/807,399	03/24/2004		Yoichi Yama	ada	Q80518	3516
TITLE OF INVENTION: DEVELOPING DEVICE, IMAGE FORMING APPARATUS, AND IMAGE FORMING SYSTEM						
			_			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	06/19/2006
· EXAMINER A			IT	CLASS-SUBCLASS	]	
SMITH, RICHARD A 285				399-227000	•	
CFR 1.363).	address or indication of "Fe		2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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lease check the appropriate	assignee category or categor	ies (will not be pri	inted on the patent	): 🗖 Individual 🗖 C	orporation or other private gr	oup entity Government
a. The following fee(s) are enclosed:  4b. Pavment of Fee(s):						
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Typed or printed name Grant K. Rowan				Date 61 FC:15 Registration N	91 1468.89 DA 94 413002698DA	· · · · · · · · · · · · · · · · · · ·
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